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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							A	Application or Docket Number 10/560,148			ing Date 07/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	LED	NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		l	N/A		]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	4		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A			N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mi	minus 20 = *			П	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *			ı	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE S	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity)! additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (			size fee due r each hereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							l			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	06/14/2007	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUS PAID FOR	SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 19	Minus	- 20		= 0		X \$25 =	0	OR	x s =		
ΙŻ	Independent (37 CFR 1,16(h))	• 3	Minus	3		= 0	ı	X \$100 =	0	OR	x s =		
ΜĒ	Application Size Fee (37 CFR 1.16(s))						ı						
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAININ AFTER AMENDME	VG	HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())		Minus	**		-	П	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***			l	x \$ =		OR	x \$ =		
Ξ	Application Size Fee (37 CFR 1.16(s))						ı			ı			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write 10° in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.